

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90068 008 ***150.00

DOCUMENT # **P94000010976**

1. Entity Name

HERITAGE MARINE, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

605 CEMETERY ROAD

Suite, Apt. #, etc.

GENEVA

City & State

GENEVA FLORIDA

Zip
32732

Country
USA

3. Mailing Address

605 CEMETERY RD

Suite, Apt. #, etc.

City & State

GENEVA FLORIDA

Zip
32732

Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3225112

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

PETER A. KNOCKE

Street Address (P.O. Box Number is Not Acceptable)

605 CEMETERY ROAD

City

GENEVA

FL

Zip Code

32732

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Peter A. Knocke
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

April 28 2002
DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See Criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
KNOCKE JACK K
1903 TROPIC STREET
TITUSVILLE, FLORIDA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**UP
KNOCKE, PETER A
605 CEMETERY RD
GENEVA, FL 32732**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**UP
KNOCKE, Philip C.
2241 MAURICE AVE
LA CRESCENTA, CA**

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 28 2002 321-794-1766
Date Daytime Phone #

CR2E034B (12/01)